



Arkansas All-Region and All-State Coding Competition – ADULT RELEASE FORM

I,	, by my signature below hereby
agree and consent to allow the Arkansas Departmer make reproductions of photographs and audio and/o other consideration. I further agree and consent to the photographic, audio and/or video images, recordings	r video recordings of myself without payment or any ne use, editing, alteration, copying, or publication of any and/or reproductions of my likeness or voice by ADE. I on, copying, or publication of any contest submission
comments, or information conveyed are the sole pro for benefit, consideration or monies obtained as a re	nages, recordings, reproductions, data, code, answers, perty of ADE. This includes any legal claim or complaint sult of the use of such photographs, images, ata, code, answers, comments, or information conveyed
Furthermore, without any claim or expectation of consideration, I, on behalf of myself and my heirs, representatives, executors, administrators, and any person acting on our behalf or on behalf of my estate, herby consent and agree to hold harmless the ADE and any of its associates, employees or agents from any administrative, legal or ethical claim or complaint associated with the Arkansas All-Region and All-State Coding Competition and the release or use of any photograph, audio, video of myself, data, code, answers, comments, or information conveyed by me that is in the possession or control of the ADE and is used or released as part of the normal course of business of the ADE and/or for purposes of promoting, administering, advertising, or publically announcing the results of the Arkansas All-Region and All-State Coding Competition.	
By completing this consent form, I acknowledge that I have read the Arkansas All-Region and All-State Coding Competition Official Rules and agree to all conditions of entry and other specifications as detailed in the Official Rules for this competition.	
The term of this authorization shall commence on the	e date of the submission and continue indefinitely.
Are you requesting an accommodation for the competition as allowed under a documented IDEA IEP or 504 plan? YES or NO (circle one) If yes, please let your certifying principal know when submitting this form.	
Participant's Name (print)	
Participant's Signature (cursive)	
Today's Date	Child's Date of Birth